

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011161

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1143

FILED MAR 19 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 4315 E. 10th. St.	
3. NAME OF DECEASED (Type or print) First FORREST Middle GLEN Last McCOY		4. DATE OF DEATH Month February Day 25 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/1900 9. AGE (last birthday) 61 Yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Foreman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Power & Lt.	
11. BIRTHPLACE (City and state or country) Shoshone Idaho		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Herbert McCoy		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mrs. Cora McCoy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or No.) No. (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Cora McCoy K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent Bronchogenic Carcinoma of Rt Lung - carcinomatous. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug 1960 to 2/25/62 and last saw her alive on 2/25/62 Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Clarke L. Henry M.D. 22b. ADDRESS Plaza P King Bldg K.C. Mo. 22c. DATE SIGNED 2/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 27-1962	23c. NAME OF CEMETERY OR CREMATORY Lanagan Cemetery	
23d. LOCATION (City, town, county, state) Lanagan Mo.		24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels Inc. R.C. Mo.	
25. DATE RECD. BY LOCAL REG. 2-26-62		26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Clarke L. Henry

Handwritten notes in top left corner:
#620 of c. [unclear]
U.S. 1-0600
[unclear] - [unclear]
[unclear] - [unclear]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Jordan

Licensed Embalmer No. 3453

P. O. Address K. C. [unclear]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.